

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP					
1							51				
2	1						52				
3	1						53				
4	1						54				
5	1						55				
6	1						56				
7	2						57				
8	2						58				
9	2						59				
10	2						60				
11	2						61				
12	1						62				
13	3						63				
14	3						64				
15	3						65				
16	3						66				
17	3						67				
18	3						68				
19	1						69				
20	1						70				
21	12						71				
22	2						72				
23	2						73				
24	2						74				
25	2						75				
26	2						76				
27	2						77				
28	4						78				
29	4						79				
30	4						80				
31	4						81				
32							82				
33	1						83				
34	1						84				
35	1						85				
36	1						86				
37	1						87				
38	1						88				
39	3						89				
40	3						90				
41	3						91				
42	3						92				
43	1						93				
44	1						94				
45	1						95				
46	1						96				
47	1						97				
48							98				
49							99				
50							100				
TOTAL IND.	4	1					TOTAL IND.				
TOTAL DEP.	82						TOTAL DEP.				
TOTAL CLAIMS	91						TOTAL CLAIMS				

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(For use with Form PTO/SB/06)

Application Number \_\_\_\_\_

Filing Date \_\_\_\_\_

Applicant(s)  
Wen C. Huang

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	X						51					
2		X					52					
3		X					53					
4		X					54					
5		X					55					
6		X					56					
7		X					57					
8		X					58					
9		X					59					
10		X					60					
11		X					61					
12		X					62					
13		X					63					
14		X					64					
15		X					65					
16		X					66					
17		X					67					
18		X					68					
19	X						69					
20		X					70					
21		X					71					
22		X					72					
23		X					73					
24		X					74					
25		X					75					
26		X					76					
27		X					77					
28		X					78					
29		X					79					
30		X					80					
31		X					81					
32	X						82					
33		X					83					
34		X					84					
35		X					85					
36		X					86					
37		X					87					
38		X					88					
39		X					89					
40		X					90					
41		X					91					
42		X					92					
43	X						93					
44		X					94					
45		X					95					
46		X					96					
47		X					97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep					
Total Depend	43						Total Depend					
Total Claims	47						Total Claims					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.